

**DAVIDSON ASBESTOS**

**RESIDENTIAL REMOVAL ACTION RESPONSE COMPLETION AGREEMENT**

Property Address:

215 Crane Street (vacant lot)

Owner/Designee Name:

Town of Davidson

Mailing Address:

Phone:

Relocation: Yes

No



Lodging fees:

Per Diem:

Kenneling fees:

Other expenses:

Removal Action Response Began:

Completed:

The signature below indicates the following:

- That the removal action response items were completed on the property to my satisfaction.
- The property has been properly re-vegetated.
- The lawn care guidelines were discussed with me.
- Watering of the property will be performed for 2 weeks by EPA contractors after the sod has been placed.
- I agree to continue to water the sod following the initial 2 week period. EPA will reimburse the property owner for yard watering for the first 4 weeks after installation. The EPA will provide the property owner with a hose and sprinkler. The EPA will not replace sod that has died due to lack of watering.
- The removal action response is considered complete with no further action required.

Any items of concern:

Owner/Designee:

(b)(6)

Signature

Date

8-3-17

Removal Contractor Supervisor/Designee:

Signature

Date

8/3/17



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**DAVIDSON ASBESTOS**

**RESIDENTIAL REMOVAL ACTION RESPONSE COMPLETION AGREEMENT**

Property Address: 115 Mock Circle

Owner/Designee Name: Davidson Housing Coalition

Mailing Address: \_\_\_\_\_

Phone: (b)(6)

Relocation: Yes \_\_\_\_\_ No ☒ Lodging fees: — Per Diem: —

Kenneling fees: — Other expenses: —

Removal Action Response Began: 6/20/17 Completed: \_\_\_\_\_

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Any items of concern:

Owner/Designee:

(b)(6) 7/19/17

Signature

Date

Removal Contractor Supervisor/Designee:

[Signature] 7/19/17

Signature

Date

**DAVIDSON ASBESTOS**

**RESIDENTIAL REMOVAL ACTION RESPONSE COMPLETION AGREEMENT**

Property Address: 132 Mock Circle

Owner/Designee Name: Davidson Housing Coalition

Mailing Address: \_\_\_\_\_

Phone: (b)(6)

Relocation: Yes \_\_\_\_\_ No ☒ Lodging fees: \_\_\_\_\_ Per Diem: \_\_\_\_\_

Kenneling fees: \_\_\_\_\_ Other expenses: \_\_\_\_\_

Removal Action Response Began: 6/20/17 Completed: \_\_\_\_\_

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Any items of concern:

Owner/Designee:

(b)(6)

Signature

7/19/17

Date

Removal Contractor Supervisor/Designee:

[Signature]

7/19/17

Signature

Date